MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

07894

Reg. Diat. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(S)

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Balderson

3. (b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	✓

6 (b) Name of husband or wife ~

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13 - 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Easton Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Emory Leon Balderson

13. Birthplace Offord, Maryland.

MOTHER 14. Maiden name Minnie Bennum

15. Birthplace Georgetown, Delaware.

16. Informant Mrs. Minnie Balderson

Address Offord, Maryland.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof July 15, 1940 (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton

18. Funeral director Emergency Hosp. Inc.

Address Easton, Md.

19. 7/15 1940 N. D. Nevins

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940, at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19,

and that I last saw h alive on 19

Immediate cause of death	DURATION
Premature Separation of placenta	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. Balderson M. D. or other

Address Easton Md. Date signed

RECEIVED
AUG 5 1940
BUREAU V. S.

Dr F. H. Nichols

07895

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 293

1. PLACE OF DEATH:

County: Talbot

City or town: Matthews, Easton R.D. Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 45 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Matthews Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Hendley Nelson Beaven

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Edith M. Reese

6(c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): Aug. 28-1884

8. AGE: Years: 53 Months: 10 Days: 19 If less than one day: hrs. min.

9. Birthplace: Tuners Mills, Talbot Co, Md

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER

12. Name: Geo H Beaven

13. Birthplace: Ellicott City Md

MOTHER

14. Maiden name: Mary F Book

15. Birthplace: Penna.

16. Informant: Mrs Nelson Beaven

Address: Easton R D Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 19-40 (month) (day) (year)

Cemetery or crematory: ~~[illegible]~~ St Paul

Location: Hillsboro, Md.

18. Funeral director: John D Williams

Address: Easton Md.

19. July 18 1940 (Date rec'd by registrar) J. L. Gardner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 17th 1940, at 10 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1939, to July 17 1940, and that I last saw him alive on July 17 1940.

Immediate cause of death: Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Marvin N Nichols M. D. or other

Address: Oxalin Md Date signed: 7/7/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-B)

CERTIFICATE OF DEATH

29396

Reg. Diat. No. Coppel

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Cordova (rural Newtown)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: none
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Cordova Rural Ward No. Cloffd Dist
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Newtown
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mary Virginia Bowser

3. (b) Social Security Number 220-01-1650

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	Col	married

6.(b) Name of husband or wife Richard Bowser
6.(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) October 31 1886

8. AGE: Years	Months	Days	If less than one day
53	8	6	hrs. min.

9. Birthplace Wye Mills, Talbot Co Md (Town, county, and state)
10. Usual occupation housekeeper
11. Industry or business home

FATHER
12. Name Wesley Wilmer
13. Birthplace Talbot Co Md

MOTHER
14. Maiden name Ida Wilson
15. Birthplace ? Md

16. Informant Richard Bowser
Address Cordova Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 10-1940. (month) (day) (year)
Cemetery or crematory Cemetery
Location Newtown - Md.

18. Funeral director R. B. Rawlings
Address Greensboro Md.

19. 7/9- 1940. (Date rec'd by registrar) J. L. Gardner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940, at 11:P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 1939 to July 7 1940, and that I last saw her alive on June 30 1940

Immediate cause of death Carcinomata of uterus — DURATION 1 yr 7

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Dt operations ?
Dt autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE J. Hoke M.D.
M. D. or other
Address Ridgely Md. Date signed 7-8-40

RECEIVED
AUG 2 1940
BUREAU V. S.

07897

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-d

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 25 days

Stay in this community (yrs., or mos., or days) 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Centreville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Julia Virginia Bayles

3. (b) Social Security Number No

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband ~~or wife~~ Rulie Bayles

6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) July 20, 1885

8. AGE: Years 55 Months 11 Days 16 If less than one day ___ hrs. ___ min.

9. Birthplace Queen Anne Co. R.D. (Town, county, and state)

10. Usual occupation H W

11. Industry or business

FATHER

12. Name Wm. R. Schuyler

13. Birthplace Talbot Co. Md.

MOTHER

14. Maiden name Annie Morgan

15. Birthplace Q A Co. Md.

16. Informant Rulie Bayles

Address Centreville, Md R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 9/40 (month) (day) (year)

Cemetery or crematory Centreville Md

Location Centreville

18. Funeral director Annie W. Eddins

Address Centreville Md

19. 7/8 1940 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940, at 2 p.m. 45'

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 1940, to July 6 1940, and that I last saw her alive on July 6 1940.

Immediate cause of death

Hypertension

Due to arterio Sclerosis

myocarditis

Due to obesity

Other conditions Hernia umbilical

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

?

?

?

3 years

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W N Palmer M. D. or other

Address Easton Md Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1940)

07898

CERTIFICATE OF DEATH

Reg. Dist. No. 2-91

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Bozman
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 55 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Bozman Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mary E. Brown

3. (b) Social Security Number

4. Sex female
5. Color or race white
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife John B. Brown
6(c) If alive, give age 79 years
7. Birth date of deceased (mo., day, yr.) July 5 1880
8. AGE: Years 60 Months ✓ Days 13 If less than one day ____ hrs. ____ min.
9. Birthplace Royal Oak Md (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Joseph Tarrimore
13. Birthplace Bozman, Md
MOTHER 14. Maiden name Elizb Hunt
15. Birthplace Bozman Md
16. Informant John B. Brown
Address Bozman Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 20 1940 (month) (day) (year)
Cemetery or crematory Church Cemetery
Location Bozman Md
18. Funeral director Newnam & Harrison
Address St. Michaels, Md.
19. July 19 1940 (Date rec'd by registrar) John Howard Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at 4 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18 1940 to July 18 1940 and that I last saw her alive on July 18 1940.

Immediate cause of death Coronary disease — DURATION
Due to Arteriosclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. H. Hole M. D.
M. D. or other
Address St Michaels, Md Date signed 7/19/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

07899

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County Talbot

City or town Easton, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Isaac Chamberlaine

3. (b) Social Security Number None

4. Sex M.

5. Color or race C.

6. (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Sarah V. Chamberlaine

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years About 88 | Months | Days | If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Samuel Chamberlaine

13. Birthplace Md.

MOTHER

14. Maiden name Not Known

15. Birthplace

16. Informant Mary M. Chamberlaine

Address The Lessay Apt #6 D 13th & Spruce Philadelphia, Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 26, 1940 (month) (day) (year)

Cemetery or crematory New Chapel

Location New Cordova, Md

18. Funeral director James A. Spruce

Address Easton Md

19. 7/26 1940 (Date rec'd by registrar) N. H. Neeves Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1940, to July 23 1940, and that I last saw him alive on July 23 1940.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 2 years

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Haynard T. Webb M. D. or other

Address Easton, Md Date signed 7/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(108)

CERTIFICATE OF DEATH

07910

Reg. Diat. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Near Easton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Outside

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Near Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna Rebbecca Chambers

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	w	widow

6 (b) Name of husband or wife: William Chambers

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 20, 1865

8. AGE:

Years	Months	Days	If less than one day
75	2	1	hrs. min.

9. Birthplace: Harmony, Maryland (Town, county, and state)

10. Usual occupation: H. W. (retired)

11. Industry or business: Own home

FATHER 12. Name: Wm. Elwood Todd

FATHER 13. Birthplace: Harmony, Md.

MOTHER 14. Maiden name: Margret Jester

MOTHER 15. Birthplace: Harmony Md

16. Informant: William Chambers

Address: Preston, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 7-24-40 (month) (day) (year)

Cemetery or crematory: Fr. P. M. E. Ch. Preston, Md.

Location: Preston, Md.

18. Funeral director: J. Virgil Lewis & Son

Address: Denton, Md.

19. 7/23/40 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21, 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17, 1940, to July 21, 1940, and that I last saw h-- alive on July 21, 1940.

Immediate cause of death: Pneumonia, lobar, ct. — DURATION: 5 days

Due to: no

Due to: no

Other conditions: no

(Include pregnancy within 3 months of death)

Major findings:

Of operations: no

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causee, fill in the following: no

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: C. W. McC. Stevens, M. D. or other

Address: Easton Md — Date signed: July 21-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07901

(131-a)

1. PLACE OF DEATH

County Galbot Registration Dist. No. 290

Village or City Easton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. ✓ mos. ✓ ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Elizabeth Culler U.S. Veteran specify WAR

(a) Residence: No. Hotel Avon St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of R. M. Culler

6. DATE OF BIRTH (month, day, and year) Mar. 3d 1880

7. AGE Years 60 Months 3 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Schuylkill Co. Pa.

FATHER

13. NAME Irwin Loser

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Sarah Gottshall

16. BIRTHPLACE (city or town) (State or country) Pa. Brooklyn N.Y.

17. INFORMANT R. D. Culler (Address) Newport. R.I.

18. BURIAL, CREMATION OR REMOVAL Place Arlington Cem. Date July 15th, 1940

19. UNDERTAKER James A. Steele (Address) Easton Md.

20. FILED 7/15, 1940 N. H. Neeves Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 11th, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 2d, 1940, to July 11th, 1940 I last saw her alive on July 10th, 1940; death is said to have occurred on the date stated above, at 9.15 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease with hypertension	4 yrs.
Other Contributory Causes of importance: Valvular heart disease	2 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) William S. Seymour M. D.

(Address) Easton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JUL 22 1940 BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

Dr Baker 07902

Reg. Diat. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Trappe Mills
(If outside city or town limits, write RURAL NEAR and give town)
Street address (hospital or institution): Outside Easton R. D.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Trappe Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Perry F. Daffin

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	White	Widowed

6 (b) Name of husband or wife Martha E. Brownell Deceased
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mar 20 - 1852

8. AGE: Years	Months	Days	If less than one day
88	3 -	16	____ hrs. ____ min.

9. Birthplace Hillsboro, Caroline Co, Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Thos J. Daffin
13. Birthplace England
MOTHER 14. Maiden name Mary Dunby
15. Birthplace Caroline Co Md
16. Informant Carl Daffin
Address Easton RD#1 Md
17. Burial Date thereof July 9 - 40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton Md.
18. Funeral director John D Williams
Address Easton, Md.
19. 7/9 1940 N. H. Merrill
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 6 - 1940, at 11 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-19 1940, to 7-6 1940, and that I last saw him alive on 7-6 1940.

Immediate cause of death	DURATION
Senility	
Due to Chronic nephritis c u t a	
Duration - six months	
Due to	
Other conditions Uremia	

(Include pregnancy within 3 months of death)
Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker M.D.
M. D. or other
Address Easton Date signed 7-8-40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

07903
Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 86 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Joseph Henry Frampton
3. (b) Social Security Number None

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Margaret Rebecca
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan, 29, 1854
8. AGE: Years 86 Months 5 Days 4 If less than one day hrs. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER 12. Name George Frampton
13. Birthplace Md
MOTHER 14. Maiden name Caroline Ross
15. Birthplace Md
16. Informant George W. Frampton
Address Easton Md.
17. Burial (Burial, cremation, or removal, Which?) Date thereof July 6, 1940 (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton, Md
18. Funeral director James A. Spence
Address Easton Md
19. 7-5 1940 (Date rec'd by registrar) N. H. Neirus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3 1940, at 4 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-27- 1940, to 7-3- 1940, and that I last saw him alive on 7-3- 1940.

Immediate cause of death	DURATION
Cardio-vascular renal disease	6 months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D. M. D. or other
Address Easton, Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M)

(1)

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-a)

07904

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot Co.

City or town Easton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 323 South St.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 25 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot.

City or town Easton, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 323 South St. Easton, Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Mary E. Gardner

3. (b) Social Security Number no

4. Sex: Female

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Malchi Gardner

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) July 10 1870

8. AGE: Years 70 | Months - | Days 7 | If less than one day ___ hrs. ___ min.

9. Birthplace Preston, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business "

FATHER 12. Name James William Friend

13. Birthplace Preston, Md.

MOTHER 14. Maiden name Sophia Lewis

15. Birthplace Preston, Md.

16. Informant Malchi Gardner

Address Easton, Md.

17. New Chapel, Md. (Burial, cremation, or removal. Which?) Date thereof 7/11/40 (month) (day) (year)

Cemetery or crematory New Chapel, Md.

Location Easton R.F.D.

18. Funeral director E. F. Steward

Address Salisbury, Md.

19. 7/9 1940 (Date rec'd by registrar) N. H. Neerie Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1940, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15, 1940 to July 8, 1940, and that I last saw her alive on July 8, 1940.

Immediate cause of death: Acute Myocarditis — DURATION 1 mo.

Due to [illegible]

Due to

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE Haynard T. Webb, M.D. M. D. or other

Address Easton, Md. Date signed 7/8/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48B)

07905

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County Talbot

City or town St. Michaels
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 36 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town St. Michaels
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Flossie J. Grant

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife John Grant

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1904

8. AGE:

Years	Months	Days	If less than one day
36	8	9	hrs. min.

9. Birthplace St. Michaels, Talbot, Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Emory Johnson
13. Birthplace St. Michaels, Md.

MOTHER
14. Maiden name unknown
15. Birthplace St. Michaels, Md.

16. Informant Ida Caldwell

Address St. Michaels, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 10, 1940 (month) (day) (year)

Cemetery or crematory

Location St. Michaels, Md.

18. Funeral director J. N. Marshall

Address St. Michaels, Md.

19. July 10th 1940 (Date rec'd by registrar) John H. Wales Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1940, to July 8 1940 and that I last saw her alive on July 8 1940

Immediate cause of death Carcinoma of Fal Uterus

DURATION ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Haynard T. Neff M.D. M. D. or other

Address Easton, Md Date signed 7/9/40

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

07906

(61)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 4 da.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Allen Greenhawk

3. (b) Social Security Number 220-01-5427

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced married.
6 (b) Name of husband or wife Mary Louise Jump Greenhawk
6(c) If alive, give age 18 years
7. Birth date of deceased (mo., day, yr.) March 3, 1917

8. AGE: Years 23 | Months 3 4 | Days 30 17 | If less than one day ___ hrs. ___ min.

9. Birthplace Chester, Penna. (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Mr. Thomas Greenhawk
13. Birthplace Easton, Md.

MOTHER
14. Maiden name Virgie Radcliffe
15. Birthplace Stevensville, Md. ?

16. Informant Mr. Thomas Greenhawk
Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/22/40 (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton, Md
18. Funeral director Maurice E. Yeoman & Son
Address Easton Md.

19. 7/22 1940 (Date rec'd by registrar) N. H. Neerus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1940, at 9 45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1940, to July 20 1940, and that I last saw him alive on July 20 1940.

Immediate cause of death Comal — DURATION 5 da.
Due to Diabetes Mellitus — ?
Due to
Other conditions Pyorrhoea Alveolaris
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D.
M. D. or other
Address Easton Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131E)

07907

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH:
County Talbot
City or town Avalon
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Avalon Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ambrose James Griffin

3. (b) Social Security Number 217-07-9594

4. Sex: Male
5. Color or race: Col.
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) 1879
8. AGE: Years 61 | Months | Days | If less than one day hrs. min.
9. Birthplace Oxford Talbot Co. Md. (Town, county, and state)
10. Usual occupation Oyster shucker
11. Industry or business Packing house
FATHER 12. Name Isaiac Griffin
13. Birthplace Somersett Co.
MOTHER 14. Maiden name Arminta Collins
15. Birthplace Somersett Co.
16. Informant Hester Hearn
Address Merry Point Va.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-12-40 (month) (day) (year)
Cemetery or crematory Claiborne Md.
Location
18. Funeral director J. Norman Marshall
Address St. Michaels Md.
19. July 12 1940 (Date rec'd by registrar) G. Jackson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940, at 6 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1939, to July 10 1940, and that I last saw him alive on May 21 1940.
Immediate cause of death: Chronic Brightsdesace (Corna) terminal — DURATION 1½ yrs
Due to
Due to
Other conditions: Hypertension oedema
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Guy M Reedy Md. M. D. or other
Address Tilghman Md. Date signed July 11 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (139-L)

CERTIFICATE OF DEATH

07908

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED

(If newborn infants give residence of mother)

State Maryland County Talbot

City or town Nearitt Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

2. (a) FULL NAME Cornelia Haddaway

3. (b) Social Security Number no

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Wm. John Haddaway

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.): July 7, 1879

8. AGE: Years 61 | Months - | Days 4 | If less than one day: hrs. min.

9. Birthplace Nearitt, Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Gustavus F Jones

13. Birthplace Nearitt, Md.

MOTHER 14. Maiden name Sutton Frances Hunt

15. Birthplace Md.

16. Informant Blanche Newnam

Address Nearitt Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 14, 1940 (month) (day) (year)

Cemetery or crematory Nearitt Cemetery

Location Nearitt Md.

18. Funeral director Newnam & Harrison

Address St. Michaels, Md.

19. 7/11 1940 N.H. Morris

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940, at 11 19 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 1940 to July 11 1940

and that I last saw her alive on July 11 1940

Immediate cause of death, Acute dilitation of heart — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 2nd degree prolapse Inter Position of uration

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W M Palmer M. D. or other

Address Easton Md Date signed 7/11 40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07909

(108)

CERTIFICATE OF DEATH

Reg. Dist. No. 291

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(M)

1. PLACE OF DEATH:
County: Talbot Co
City or town: St. Michaels Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 27 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Talbot
City or town: St. Michaels
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Henrietta Maria Handcastle

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Richard Lockwood Handcastle Dead
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): 12/28/1859

8. AGE: Years	Months	Days	If less than one day
80	6	22	hrs. min.

8. Birthplace: Chestertown, Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: own Home
FATHER 12. Name: Thomas Chamberlain Nicols
FATHER 13. Birthplace: Chestertown, Md
MOTHER 14. Maiden name: Margaret B. Wroth
MOTHER 15. Birthplace: Chestertown, Md
18. Informant: Miss Sarah Handcastle
Address: St. Michaels Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/22/40 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Easton, Md
18. Funeral director: Newnam & Harrison
Address: St. Michaels Md
19. July 20 1940 (Date rec'd by registrar) John Hurwaker Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 19 1940, et M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1940 to July 19 1940
and that I last saw h...er...alive on July 19 1940

Immediate cause of death	DURATION
Lobar Pneumonia	4 days
Due to	
Due to	
Other conditions: Senility (Include pregnancy within 3 months of death)	

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J. H. Hofe M.D.
M. D. or other
Address: St Michaels Md Date signed 7/20/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (181)

CERTIFICATE OF DEATH

Zerbee

07910

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 402 Harrison St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gladys Harmsen

3. (b) Social Security Number No

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1938

8. AGE: Years 2½ yrs. Months 4 Days 10 If less than one day hrs. min.

9. Birthplace Talbot Co. Md. (Town, county, and state)

10. Usual occupation Child

11. Industry or business

FATHER

12. Name Ernest Harmsen

13. Birthplace Md.

MOTHER

14. Maiden name Gladys Tobler

15. Birthplace Neb.

16. Informant Ellis Clark

Address Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 6, 1940 (month) (day) (year)

Cemetery or crematory Rathbone Cemetery

Location Cordova Md.

18. Funeral director James A. Spence

Address Easton Md.

19. 7/5 1940 (Date rec'd by registrar) N. H. Neirus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/4 1940, at 10 02/a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 4 1940, and that I last saw her alive on July 4 1940.

Immediate cause of death First and second degree burns of abdomen, arms, neck, face & legs.

Due to

Due to Lighted a match which ignited clothes. (Sulfur match)

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 3 days

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of July 1, 1940

Where did injury occur? Easton (City or town) Talbot (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home. Harrison St.

Means of injury Burns as above. Injured at work? —

23. SIGNATURE Jack B. Zerbee M.D. M. D. or other

Address Easton Date signed 7/4/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

07911

Reg. Dist. No. 294

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Mc Daniel

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 86 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Mc Daniel Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Harrison

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widow

6 (b) Name of husband or wife Wm J. Harrison

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31, 1854

8. AGE: Years 85 Months 10 Days 1 If less than one day hrs. min.

9. Birthplace Talbot Co.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Samuel Williams

13. Birthplace Talbot Co.

MOTHER 14. Maiden name Rebecca Cooper

15. Birthplace Caroline Co.

16. Informant Wm S. Harrison

Address Washington D.C.

17. Burial Date thereof July 4, 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md

18. Funeral director Newnam & Harrison

Address St. Michaels, Md.

19. July 4th 1940 Anna Grey Thomas

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-4 1939, to 7-2 1940, and that I last saw her alive on 6-30 1940.

	DURATION
Immediate cause of death Cardiac failure	1 yr
Due to Chronic myocarditis Cor. B.	
Duration 11 months	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker M D

M. D. or other

Address Easton Date signed 7.4.40

RECEIVED
AUG 8 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (108)

07912

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 12 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Massey, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Henry Hemphrey

3. (b) Social Security Number no

4. Sex Male
5. Color or race white
6. (a) Single, married, widowed, or divorced Single
B (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 9 - 1875

8. AGE: Years 65 Months 3 Days 18 If less than one day hrs. min.

9. Birthplace unknown (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name unknown
13. Birthplace unknown
MOTHER 14. Maiden name unknown
15. Birthplace unknown
16. Informant F. T. Newnam
Address Massey, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 31 1940 (month) (day) (year)
Cemetery or crematory Massey
Location Massey Md.
18. Funeral director B. R. Fellows
Address Millington Md.
19. 7/28 1940 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 4 P. M 58

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1940, to July 27 1940, and that I last saw him alive on July 27 1940.

Immediate cause of death Pneumonia Lobar - Bilateral
Due to
Due to
Other conditions Arthritis Chronic multiple
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

DURATION 7/25/40

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. E. Palmer M. D. or other
Address Eastern Md Date signed 7/28/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07913

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 0

Stay in this community (yrs., or mos., or days) 0

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother) Kent

State Md. County Talbot

City or town Millington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R D #1

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hines

3. (b) Social Security Number no

4. Sex: Female

5. Color or race: Black

6. (a) Single, married, widowed, or divorced: ✓

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 19, 1940

8. AGE: Years | Months | Days | If less than one day

6½ mos. fetus ____ hrs. ____ min.

9. Birthplace: Emergency Hosp. Easton, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name: George Hines

13. Birthplace: Queen Anne Co. Md.

MOTHER

14. Maiden name: Annie ~~Hines~~ Goldsborough

15. Birthplace: Queen Anne Co. Md.

16. Informant: Annie Hines

Address: Millington, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof July 19, 1940 (month) (day) (year)

Cemetery or crematory: Easton

Location: Emergency Hospital

18. Funeral director: Emergency Hospital

Address: Easton, Md.

19. 7/19 1940 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940, at 2:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/19/40 1940, to 7/19 1940, and that I last saw her alive on Stillborn 7/19 1940.

Immediate cause of death: Still Born

Due to: Toxemia of Pregnancy

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations: Stillborn Foetus

Of autopsy

DURATION: 1 wk.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE W. N. Palmer M. D. or other

Address Easton Md. Date signed 7/22/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-a)

07914

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Goldsboro St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Herman Holland

3. (b) Social Security Number 213-01-8443 (Ross)

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mrs Virginia Holland
6(c) If alive, give age 63 years
7. Birth date of deceased (mo., day, yr.): April 5 - 1882
8. AGE: Years 58 yrs. Months 3 Days 16 If less than one day ___ hrs. ___ min.
9. Birthplace: Dorchester County, Md. (Town, county, and state)
10. Usual occupation: Salesman
11. Industry or business
FATHER
12. Name: Albert Holland
13. Birthplace: Dorchester Co. Md
MOTHER
14. Maiden name: Elizabeth Gore
15. Birthplace: Dorchester Co. Md.
16. Informant: Albert Holland
Address: Easton, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 23, 1940 (month) (day) (year)
Cemetery or crematory: East New Market
Location: East New Market Md.
18. Funeral director: James A. Spence
Address: Easton Md
19. 7/22 1940 (Date rec'd by registrar) N. H. Neerie Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 9:05 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-20 1940, to 7-21 1940, and that I last saw him alive on 7-21- 1940.
Immediate cause of death: Uremia
Due to: Nephrosclerosis
Due to: Malignant Hypertension
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker M.D. M. D. or other
Address Easton Date signed 7-22-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

07915

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9)

CERTIFICATE OF DEATH

Reg. Dist. No. 2-91

1. PLACE OF DEATH:

County Talbot

City or town St. Michaels
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot

City or town St. Michaels
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Josephine Hopkins

3. (b) Social Security Number

4. Sex: female

5. Color or race: colored

6.(a) Single, married, widowed, or divorced: child

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Feb. 1st 1940

8. AGE: Years | Months 5 | Days 26 | If less than one day ... hrs. ... min.

9. Birthplace St. Michaels Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Arthur E. Hopkins
13. Birthplace St. Michaels, Md.

MOTHER
14. Maiden name Carrie V. Nichols
15. Birthplace Bellevue, Md.

16. Informant Arthur E. Hopkins
Address St. Michaels Md

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof July 28 1940
(month) (day) (year)

Cemetery ~~or crematory~~ Colored.

Location St. Michaels, Md

16. Funeral director Newnam & Harrison
Address St. Michaels, Md.

19. July 27 1940 (Date rec'd by registrar) John Hurwales Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1940, at 10:25 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26, 1940 to July 26, 1940 and that I last saw her alive on July 26, 1940

Immediate cause of death Whooping Cough — DURATION 1 wk.

Due to

Due to

Other conditions Heat Exhaustion
(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) (County) ✓ (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work? ✓

23. SIGNATURE P. B. Lewis, M.D.
M. D. or other

Address St. Michaels, Md. Date signed 7.27.40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (61)

07916

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 9 da.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Queen Anne
City or town Centreville, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clara Jacobs

3. (b) Social Security Number 20

4. Sex Female
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Unknown
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 57 | Months | Days | If less than one day hrs. min.

9. Birthplace Queen Anne Co. Md.
(Town, county, and state)
10. Usual occupation House wife
11. Industry or business Own Home.

FATHER
12. Name James Jacobs
13. Birthplace Queen Anne, Co.

MOTHER
14. Maiden name Dolly Skinner
15. Birthplace Queen Anne Co.

16. Informant Percy Jacobs
Address Centreville Md.

17. Burial Date thereof July 23, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Centreville
Location Centreville, Md.
18. Funeral director J. Virgil Moore
Address Denton, Md.

19. 7/20 1940 N. H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1940, at 7.50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 11 1940, to July 20 1940, and that I last saw her alive on July 20 1940.

Immediate cause of death Coma — DURATION 10 da.
Due to Diabetes mellitus — ?
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Easton Md Date signed 7/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

07917

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-L)

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County: Talbot

City or town: St. Michaels, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Two Years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Delaware County:

City or town: Dover
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Margaret V. Marsh

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: John L. Marsh

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 22, 1857

8. AGE:

Years	Months	Days	If less than one day
82	9	15	..... hrs. ..... min.

9. Birthplace: Templeville, Queen Anne, Md.
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: own Home

FATHER
12. Name: Benjamin Knotts
13. Birthplace: Caroline County, Md.

MOTHER
14. Maiden name: Lydia Jackson
15. Birthplace: Dover, Del.

16. Informant: Mrs. Florence Faulkner
Address: St. Michaels, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 9, 1940 (month) (day) (year)

Cemetery or crematory: Easton

Location: Maryland

18. Funeral director: J. Norman Marshall
Address: St. Michaels, Maryland

19. July 8 1940 (Date rec'd by registrar) John Hurwales Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 7 1940, at 9a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1940, to July 7 1940 and that I last saw her alive on July 7 1940

Immediate cause of death: Cardiac disease

Due to: Arterio Sclerosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. H. Hope M.D. M. D. or other

Address: St Michaels, Md. Date signed: 7/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
AUG 5 1940
BUREAU V. S.

07918

STATE OF MARYLAND—CERTIFICATE OF DEATH

(47)

1. PLACE OF DEATH

County Talbot Registration Dist. No. 291

Village or City St. Michaels No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John R. Morris If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Shows Morris

6. DATE OF BIRTH (month, day, end year) March 20

7. AGE	Years	Months	Days	If LESS then 1 day, hrs. or min.
	58	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Waterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year) Mar 1, 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oxford (State or country) Talbot Co. Md

FATHER

13. NAME William T. Morris

14. BIRTHPLACE (city or town) Wicomico Co (State or country) Md

MOTHER

15. MAIDEN NAME Annie Jester

16. BIRTHPLACE (city or town) Talbot Co. (State or country) Md

17. INFORMANT Mrs Elsie Morris (Address) St. Michaels, Md

18. BURIAL, CREMATION, ~~OR REMOVAL~~ Place St. Michaels Date July 27, 1940

19. UNDERTAKER Newnam & Harrison (Address) St. Michaels, Md

20. FILED July 27, 1940 John Hurwales Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 25 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April, 1940, to July 25, 1940

I last saw him alive on 7-25, 1940; death is said to have occurred on the date steted above, at 9:07 m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:

	Date of onset
Carcinoma of the Liver	1-1-40
Other Contributory Causes of Importance:	

Name of operation Dete of

Whet test confirmed diagnosis? Was there en eutopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Neture of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Tyler Bahen M. D.

(Address) Easton

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

07919

CERTIFICATE OF DEATH

Reg. Dist. No. 29

1. PLACE OF DEATH:

County: Talbot

City or town: Oxford, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 days

Hospital, institution, or street address where death occurred: Private Home Main St. Oxford, Md.

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Pennsylvania County: Philadelphia ✓

City or town: Philadelphia

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3737 North Darien Street.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Daniel Thomas Morrison

3.(b) Social Security Number (Ross.) 166-05-4100

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Carrie L. Morrison

6.(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Aug. 13th 1874

8. AGE: Years 65 | Months 11 10 | Days 29 | If less than one day ..... hrs. ..... min.

9. Birthplace: Norrisville, Harford Co. Maryland (Town, county, and state)

10. Usual occupation: Street Car Operator

11. Industry or business

FATHER

12. Name: Samuel James Morrison

13. Birthplace: Harford Co. Maryland

MOTHER

14. Maiden name: Elizabeth Jeanette Holden

15. Birthplace: Harford Co. Maryland

16. Informant: Carrie L. Morrison

Address: 3737 No. Darien St. Phila. Penna.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 15 1940 (month) (day) (year)

Cemetery or crematory: Brookview Cem

Location: Rising Sun Md.

18. Funeral director: J. E. Tyson.

Address: Rising Sun Md.

19. July 14. 1940 (Date rec'd by registrar) Joseph A. Ross Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 12 1940, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2d 1940, to July 14 1940 and that I last saw him alive on July 11 1940

Immediate cause of death: Cerebral hemorrhage — DURATION: 10 days

Due to: Arteriosclerosis — (8)

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Joseph A. Ross M.D. M. D. or other

Address: Nappe Md. Date signed: July 14 40

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AUG 2 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07920

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Easton, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR No.

3.(a) FULL NAME Abner Wilson Morton

3.(b) Social Security Number [illegible]

4. Sex M.

5. Color or race W.

6.(a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna E. Morton

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) May 1, 1865

8. AGE: Years 75 Months 3 Days 12 If less than one day ___ hrs. ___ min.

9. Birthplace Beaver Falls, Penna.

(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business

FATHER 12. Name Not Known

13. Birthplace

MOTHER 14. Maiden name Not Known

15. Birthplace

16. Informant Joan T. Morton

Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 15, 1940 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md

18. Funeral director James A. Spence

Address Easton, Md.

19. 7/15 1940 (Date rec'd by registrar) N. H. Neirie Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1940, to 7-13 1940, and that I last saw him alive on 7-13 1940.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions Anasarca

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Lyles Baker M.D. M. D. or other

Address Easton Date signed 7-15-40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (163)

CERTIFICATE OF DEATH

07921

Reg. Dist. No. 293

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Talbot
City or town Cordova RD
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Va. County Halifax
City or town Halifax Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Morton Jr

3. (b) Social Security Number 223-20-3126

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18-1922

8. AGE:

Years	Months	Days	If less than one day
17	11	7	hrs. min.

9. Birthplace Halifax Va.
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business Tobacco Rises

FATHER
12. Name Thomas Morton Sr
13. Birthplace Halifax Va

MOTHER
14. Maiden name Lottie M Jarrells
15. Birthplace Halifax Va.

16. Informant Thos Morton Sr
Address Halifax Va

17. Burial Date thereof July 27-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Home Cemetery
Location Halifax Va

18. Funeral director John D. Williams
Address Easton Md

19. 7/26 - 1940. J. L. Gardner
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20th 1940, at 11A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~
19 to 19
and that I last saw h alive on 19

Immediate cause of death Accidental drowning — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 7-20
Where did injury occur? Tuckahoe CK (City or town) Talbot (County) Md. (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Louis J. Welty Dep. Med Ex. M. D. or other
Address Easton Md Date signed 7-25-40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (M)

CERTIFICATE OF DEATH

07922

Reg. Dist. No. 293

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot.
City or town Cordova, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot.
City or town Cordova. Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Harry Newnam

3. (b) Social Security Number 217-07-3333

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	C.	Married (Confirmed)

6 (b) Name of husband or wife Mary Lizzie Newnam
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18. 1890

8. AGE:

Years	Months	Days	If less than one day
49	10	21	hrs. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Elijah Newnam.
13. Birthplace Md.

MOTHER
14. Maiden name Clara Dobson.
15. Birthplace Md.

16. Informant Mary Williams
Address Cordova. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 11, 1940 (month) (day) (year)
Cemetery or crematory Old Chapel
Location Cordova. Md.

18. Funeral director James A Spence
Address Easton Md.

19. 7-11-1940 (Date rec'd by registrar) J. L. Gardner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 3a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 1940, to July 8 1940, and that I last saw h in alive on July 8, 1940

Immediate cause of death	DURATION
Acute Parenchymatous Nephritis	
Due to Extreme Exposure to Weather	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Hayward J Pratt M.D.
M. D. or other
Address Easton, Md Date signed 7/11/40

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AUG 2 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

07923

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Neavitt Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Philip H. Niblett

3. (b) Social Security Number NONE

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-17-1866

8. AGE: Years 74 Months 4 Days 8 If less than one day hrs. min.

9. Birthplace Laurel, Del. (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

FATHER 12. Name Thomas J. Niblett

13. Birthplace Laurel Del

MOTHER 14. Maiden name Elizabeth N. Philips

15. Birthplace Wilmington Del

16. Informant Mrs Annie Niblett Newnam

Address St. Michaels, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 28, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Cemetery

Location Neavitt

18. Funeral director Newnam & Harrison

Address St. Michaels Md

19. 7/26 1940 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-2 1940, to 7-25 1940, and that I last saw him alive on 7-18- 1940.

Immediate cause of death

Cardio-vascular renal disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

1 yr (?)

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M.D. M. D. or other

Address Easton Md Date signed 7-26-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

Or. Webb 07924

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:

County Talbot.

City or town Easton Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot.

City or town Easton. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Sophie Rasin

3. (b) Social Security Number None.

4. Sex F.

5. Color or race C.

6. (a) Single, married, widowed, or divorced Widow.

6 (b) Name of husband or wife Isaac Rasin.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1859

8. AGE: Years 81 Months 0 Days 4 If less than one day hrs. min.

9. Birthplace St. Michaels, Talbot, Md. (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Own home

FATHER 12. Name Benjamin Cooper.

13. Birthplace Md.

MOTHER 14. Maiden name Melvina (?)

15. Birthplace Md.

16. Informant Isaac Rasin.

Address Easton, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Aug. 2nd 40 (month) (day) (year)

Cemetery or crematory Richards

Location Easton, Md.

18. Funeral director James A. Spence

Address Easton. Md.

19. 8/1 1940 (Date rec'd by registrar) N. H. Neirus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 6, 1937, to July 31 1940, and that I last saw her alive on July 31 1940.

Immediate cause of death Chronic Myocarditis

DURATION 5 years

Due to

Due to Overwork

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Haynard T. Webb M. D. or other

Address Easton, Md. Date signed 7/31/40

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AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83F)

CERTIFICATE OF DEATH

07925

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Talbot
County
City or town Easton Md. R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Easton Emergency Hospital
Stay in hospital or inst., yrs., or mos., or days) 4 days
Stay in this community (yrs., or mos., or days) full life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Caroline
City or town Federalsburg, Md. R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Smithville section
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Horace Robinson

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Mrs. Anna Robinson
6(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) May 16, 1894

8. AGE: Years	Months	Days	If less than one day
46	2	3	hrs. min.

9. Birthplace Federalsburg, Md. R.F.D.
(Town, county and state)
10. Usual occupation farmer
11. Industry or business None
FATHER 12. Name William Robinson
13. Birthplace Federalsburg, Md. R.F.D.
MOTHER 14. Maiden name Virgie Walton
15. Birthplace Federalsburg, Md. R.F.D.
16. Informant Emergency Hospital
Address Easton, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 23, 1940 (month) (day) (year)
Cemetery or crematory Bloomery Cemetery
Location Federalsburg, Md. R.F.D.
18. Funeral director C. W. Adams
Address Federalsburg, Md.
19. 7/20 1940 (Date rec'd by registrar) H. H. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17, 1940 to July 20 1940
and that I last saw h— alive, on July 3rd 1940

	DURATION
Immediate cause of death Lateral Sinus Thrombosis Rt	2 days
Due to	
Due to	
Other conditions Abscess, Cerebrum Rt	6 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations Abscess, Cerebrum Rt
Of autopsy Lateral Sinus Thrombosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. P. Noble, M.D.
M. D. or other
Address Easton, Md Date signed 7/29/40

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AUG 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

07926

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton - Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Easton Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Sard

3. (b) Social Security Number no

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1940

8. AGE: Years 5 Kill horn | Months | Days | If less than one day hrs. min.

9. Birthplace Easton Md.
(Town, county, and state)

10. Usual occupation no

11. Industry or business

FATHER
12. Name Vernon Sard
13. Birthplace Trappe Md - Talbot Co.

MOTHER
14. Maiden name Marie Welley
15. Birthplace Bozman Md Talbot Co.

16. Informant Emergency Hospital
Address Easton - Maryland

17. Cremated (Burial, cremation, or removal. Which?) Date thereof 7/23/40 (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton

18. Funeral director Emergency Hospital
Address Easton - Md

19. 7/23 1940 (Date rec'd by registrar) N. H. Nerrus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 2:55 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death Still born
Intra-Uterine death

Due to Cord around neck

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker M.D.
M. D. or other
Address Easton Date signed 8-2-40

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AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(83-a)

07927

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH:

County Talbot

City or town Trappe
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) None

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Trappe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Walter Scott

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ella Smith Scott

6(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.): April 12, 1888

8. AGE: Years 52 | Months 3 | Days 5 | If less than one day ___ hrs. ___ min.

9. Birthplace: Trappe Talbot Co., Md (rural)
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Edward Scott
13. Birthplace: Trappe Md (rural)

MOTHER
14. Maiden name: Eliza Banks
15. Birthplace: Trappe Md (rural)

16. Informant: Ella Scott

Address: Trappe, Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof July 20 1940
(month) (day) (year)

Cemetery or crematory: Trappe Colored

Location: Trappe, Md (rural)

18. Funeral director: Maurice E Newnam & Son

Address: Easton, Md.

19. July 20 1940
(Date rec'd by registrar)

Joyla Ross
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17th 1940, at 11.45 A.M

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from September 1937, to July 1940, and that I last saw him alive on July 16th 1940.

Immediate cause of death: Arterio-sclerosis with Hypertension — DURATION: 4 yrs

Due to

Due to: Cerebral hemorrhage — 2 hrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE William S. Seymour
M. D. or other

Address Trappe Md. Date signed July 17/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183) CB

07928

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
County: Talbot County
City or town: Ruard - Royal Oak
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 days
Hospital, institution, or street address where death occurred: "Solitude" Farm
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: North Carolina County:
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 1111 W. Market St
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Ada Bobbitt Sherman

3.(b) Social Security Number:

4. Sex: female
5. Color or race: white
6.(a) Single, married, widowed, or divorced: married
6.(b) Name of husband or wife: Charles H. Sherman
6.(c) If alive, give age: 54 years
7. Birth date of deceased (mo., day, yr.): Feb. 24, 1888

8. AGE: Years: 52 Months: 4 Days: 21 If less than one day: ..... hrs. ..... min.

9. Birthplace: Alderson, West Virginia
(Town, county, and state)
10. Usual occupation: house wife
11. Industry or business:
FATHER
12. Name: J. P. Bobbitt
13. Birthplace: West Va.
MOTHER
14. Maiden name: Virginia Leach
15. Birthplace: West Va.
16. Informant: C. H. Sherman
Address: Claiborne, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 17 1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: East New Market
18. Funeral director: J. Norman Marshall
Address: St. Michaels Md.
19. July 16 1940 (Data rec'd by registrar) John H. Wales Registrar
Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 15 1940 at 11.45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from at 1 a.m. July 16th 1940
and that I last saw her alive on July 16, (1 a.m.) 1940
Immediate cause of death: accidental drowning
Due to: Fell off a wharf while alone.
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
DURATION
Major findings of operations:
Date of op.
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If deaths are due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: S. Denny Willson M. D. or other
Address: St Michaels Date signed: July 16

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

07929

Reg. Dist. No. 294

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Rural Near Trappe
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Rural near Trappe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Margaret Catherine Slaughter

3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Geo C Slaughter
6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Jan. 12, 1858

8. AGE: Years: 82 Months: 6 Days: 12 If less than one day: hrs. min.

9. Birthplace: Talbot Co. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Edward B. Streets
13. Birthplace: Delaware
MOTHER 14. Maiden name: Catherine Casperson
15. Birthplace: Delaware
16. Informant: Raymond Slaughter
Address: Trappe, Md R.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 26, 1940 (month) (day) (year)
Cemetery or ~~crematory~~: Springhill
Location: Easton, Md.
18. Funeral director: Maurice E. Newnam & Son
Address: Easton, Md.
19. July 25 1940 (Date rec'd by registrar) Josephine Ross Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 24 1940, at 5:20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17 1940, to July 24 1940, and that I last saw h alive on July 24th 1940.

Immediate cause of death: Cerebral hemorrhage — DURATION: 7 days
Due to: Arteriosclerosis — 4 yrs
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Josephine Ross M. D. or other
Address: Trappe Md. Date signed 7/25/40

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(121)

07930

CERTIFICATE OF DEATH

Reg. Dist. No. 293

1. PLACE OF DEATH:

County: Talbot

City or town: Mt Wye Mills

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 4 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Starr, R7D #1 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles Thomas.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 17 - 1897

8. AGE: Years: 43 Months: 0 Days: 29 If less than one day ____ hrs. ____ min.

9. Birthplace: Starr, Mt Centreville, Md (Town, county, and state)

10. Usual occupation: Farm laborer

11. Industry or business

FATHER

12. Name: Asbury Thomas

13. Birthplace: Queen Anne Co

MOTHER

14. Maiden name: Cora Nichols

15. Birthplace: Queen Anne Co

16. Informant: Jane E. Thomas

Address: 605 E 11th St. Wilmington, Del

17. Burial (Burial, cremstion, or removal. Which?) Date thereof: July 17 - 40 (month) (day) (year)

Cemetery or crematory: Sandtown Cemetery

Location: Hillsboro, Md

18. Funeral director: Barton Bros

Address: Centreville, Md.

19. July 16 1940. (Date rec'd by registrar) J. L. Gardner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 14 1940, at 12:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 13 1940 to July 14 1940 and that I last saw him alive on July 13 1940.

Immediate cause of death: General Peritonitis — DURATION: 2 days

Due to: Ruptured appendix — 1 day

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Samuel Price M.D. M. D. or other

Address: Queenstown Date signed: July 15 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (14)

07932

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 16 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Queen Anne
City or town Queenstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Janet Whaley

3. (b) Social Security Number No

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Apr. 11. 1938

8. AGE: Years 2 Months 2 Days 21 If less than one day hrs. min.

9. Birthplace Easton, Md. (Town, county, and state)
10. Usual occupation Child.
11. Industry or business
FATHER 12. Name John R. Whaley, Jr.
13. Birthplace Queen Anne Co. Md.
MOTHER 14. Maiden name Rachel Mandrell
15. Birthplace Queen Anne Co. Md.
16. Informant John R. Whaley, Jr.
Address Queenstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 3, 1940 (month) (day) (year)
Cemetery or crematory Centreville
Location Centreville
18. Funeral director Barton Bros.
Address Centreville, Md.
19. 8/1 1940 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 3 45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1940, to July 31 1940, and that I last saw her alive on July 31 1940.

Immediate cause of death Meningitis Tuberculosis — DURATION 4 Wks.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. N. Palmer M. D. or other
Address Easton, Md. Date signed 8/1.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.